

## REFERENCE LETTER FOR LICENSURE AS AN ADULT CARE HOME ADMINISTRATOR

The candidate for licensure as an adult care home administrator is required to submit two letters of reference: one from an adult care home administrator and one from another person not related to the candidate as defined under "nepotism" in K.A.R 28-38-29(h). Please use this form when submitting your reference. Mail directly to Health Occupations Credentialing, 612 S Kansas Ave, Topeka, Kansas 66603. If you have questions, please contact Wendy Davis at 785-296-0061 or [wendy.davis@ks.gov](mailto:wendy.davis@ks.gov)

Candidate's Name \_\_\_\_\_

Please consider the candidate's behavior in the following areas: good judgment, integrity, honesty, fairness, credibility, reliability, respect for others, respect for the laws of the state and nation, self-discipline, self-evaluation, initiative, and commitment to the profession of adult care home administration and its values and ethics. Does the candidate, in your opinion, possess the moral standards and fitness required for working as an adult care home administrator?

Yes\_\_\_\_ No\_\_\_\_

If your answer is negative, explain in detail. Please relate your answer to the behavioral characteristics listed above.

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If you desire, please add any comments or information which you believe will aid the Board of Adult Care Home Administrators in deciding to approve the candidate's application for licensure.

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Are you a licensed adult care home administrator? \_\_\_\_\_

Are you related to the candidate as a family member or as a member of a household? \_\_\_\_\_

I attest that the information furnished above is given with the understanding that it will be utilized for purposes of determining the candidate's fitness for licensure as an adult care home administrator and is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please print.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

Phone\_\_\_\_\_ Email address (optional)\_\_\_\_\_